



Estd . 2014

BCDA College of Pharmacy & Technology, Campus-2

52/C/10 Ghosh Para Road, East Udayrajpur, Madhyamgram, Kolkata - 700129

[Approved by AICTE, PCI, New Delhi and Affiliated to WBSCT&VE&SD , Kolkata]

Application format for admission of D.Pharm Course

Decentralized Counseling 2020

Session : to Year:

Caution

Please fill up the application in capital letters in own handwriting.

If any items of the application are considered inapplicable to the candidate he/she should write NA.

PASTE HERE
YOUR RECENT
PHOTOGRAPH

Applicant Details

Name* :

WBSCT&VE&SD Rank :

SC/ST Rank :

PC Rank:

Whether are you admitted in other college* : Yes/No

If yes, Name of The college and must be attach admission cancel latter.

Academic Qualification (Madhyamik and onwards)

Name of Exam	Name of institute	Year of Passing	Board/Univ	% of marks in PCB/M	% of marks of all subject

Institute last attended:

Guardian's Signature With Date

[1]

Applicant Signature with Date

Extra Qualification

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Personal Details

Date of Birth* :

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 (dd:mm:yyyy)

Gender :

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Category (GC/SC/ST/OBC/Other's) :

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Nationality :

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Mother Tongue:

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Hobby :

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Interest :

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Identification Mark :

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Blood Group :

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Contact Details*

Applicant Ph No* :

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Applicant Land No :

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E-mail Address* :

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Guardian Details*

Father Name :

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Father Occupation :

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Father Ph No :

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Mother Name :

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Mother Occupation :

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Mother Ph No :

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Guardian relationship with applicant :

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Guardian's Signature With Date

Applicant Signature with Date

Residential Address* :

Flat/Door/ Block No :

Name of Premises/Building/ Village :

Road/Street/Lane :

Area/Locality/Sub-Division :

Town/City/District :

Police Station :

Post Office :

State : Pin:

Name of person to be contacted for emergency (Preferably local)*:

Name:

Ph No:

Bank details of DD

Amount Date of issue

DD no: Name of bank

Name of the branch :

Undertaking

In this connection, I am to undertake that neither I have admitted to any college nor I am selected for admission in any College, if the statement be false my admission will be canceled and I will solely be responsible for that not the college authority.

The information & statement made in the format is fact and if anything is found wrong I will bear the sole responsibility for the consequence thereafter.

I am aware that the admission is provisional, untill and unless it is confirmed by the WBSCT&VE&SD, by accepting and issuing registration number as a student of WBSCT&VE&SD.

Guardian's Signature With Date

Applicant Signature with Date

Note: Applicant must be attach M.P. Admit Card, M.P. Marksheet, H.S. Marksheet & WBSCT&VE&SD Rank Card.

*** This field is mandatory**

For Office Use Only	
_____ Signature of Dealing Assistant	_____ Signature of Assign Faculty Members



